

**DUKE UNIVERSITY SCHOOL OF NURSING**  
**Fall 2015**

**Course Number:** N958

**Course Title:** **Comparative International Health Systems**

**Course Description:** Financing and organizing health and sickness care throughout the world spans a broad spectrum. The interconnectedness of health systems will be explained in terms of the classic Milton-Roemer model. In this class, students will become "experts" about a health system of their choice outside the United States. We will examine a range of health systems with respect to their own published data, as well as data collected, and analyses conducted, by international organizations, e.g. the World Health Organization (WHO), Organisation for Economic Cooperation and Development (OECD), the World Bank, and UNICEF. Students will analyze and compare four models (Beveridge, Bismarck, National Health Insurance and Out-of-Pocket) in terms of quality, access and cost of care. Emerging health care system structures and the pressures experienced by each will be analyzed in terms of current epidemiological transitions.

**Enrollment Eligibility:** Required for international DNP students.  
Elective for domestic DNP student and MSN students. By permission for ABSN students.

**General Information:**

**Credit:** 3 credits  
**Semester:** Fall 2015  
**Location:** Online – no on-campus requirement

**Course Faculty:** Nancy M. Short DrPH, MBA, RN  
Office: 2013 DUSON Call for appointment  
Phone: 919.684.0368 (work)  
919-383-5166 (home)  
Fax: 919.681.8899  
[short008@mc.duke.edu](mailto:short008@mc.duke.edu) (faster than phoning!)  
**I will provide a voice message every week. It can be found as a MP3 file on the Announcements page of Sakai**

**Academic Support:** Tina L. Johnson  
2002-A Pearson Building  
[tinal.johnson@duke.edu](mailto:tinal.johnson@duke.edu)  
919-684-0366

**Accommodations:**

Students who believe they may need accommodations in this class based on mental or physical impairments must contact the Student Disability Access Office, as soon as possible at 919-668-1267 or <http://www.access.duke.edu/>.

**Course and Teacher Evaluations:**

During the last few weeks of this course, you will be sent information about completing an evaluation of the course itself and the faculty who taught it. It is the student’s professional responsibility to complete those evaluations and give thoughtful, constructive feedback about what worked well and what could be changed to strengthen this course. Please discuss any questions about these evaluations with the course faculty or your advisor. Your evaluations are confidential, anonymous to faculty, and will in no way affect your grade in the course.

**Course Objectives:**

1. Analyze conceptual and methodological issues in the study of health systems
2. Identify common problems and differences among diverse health systems.
3. Highlight key features of health systems in OECD nations and other countries.
4. Compare and contrast current issues in health care system structures in terms of current epidemiological transitions.
5. Assess the impact of globalization on health system development.

Evaluation Methods: students completing this course will show evidence that they can

1. Provide evidence of the knowledge of strategies (e.g., adequate finance, proper training of personnel, political will, strong ministries of health, national norms necessary in national health systems to promote health and lower the burden of disease within reflection exercises.
2. Synthesize the knowledge and skills basic to accessing and interpreting health systems data within discussion forums.
3. Write an analysis of the principal issues a specific health care system including a typology of the system in terms of its economic and sociopolitical characteristics.

1. Learning Activities	100 (25 points for each of 4)	(33.3%)
2. Scholarly paper	100	(33.3%)
3. Discussion participation	180 (30 points for each of 6)	(33.3%)

**DUSON uses the following standardized grading scale:**

A	93%-100%	C+	77%-79%
A-	90%-92%	C	73%-76%
B+	87%-89%	C-	70%-72%
B	83%-86%	F	69% and below
B-	80%-82%		

**Required Textbooks:**

1. Fried, Bruce J and Laura Gaydos(2012). World Health Systems: Challenges and Perspectives, Second Edition. Health Administration Press. 156793420X

2. Hazeltine, William (2013). *Affordable Excellence: The Singapore Healthcare System* Brookings Institute. You may purchase a hardback or Kindle copy OR download an e-copy for free at <http://www.brookings.edu/research/books/2013/affordableexcellence>

### **Required Subscription:**

Subscribe to weekly newsletters regarding health policy in the European Union from the EU Monitr at <http://www.eumonitor.com/newsletter/> Incorporate what you learn from this subscription into discussions and assignments throughout the semester

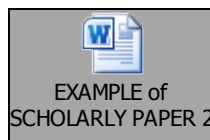
### **Scholarly Paper: (33.3% of total grade): Due midnight November 18**

Each student, working alone, will select a country to study in depth. You may NOT choose the United States, Canada, Japan, United Kingdom, France, Cuba, India, Ghana, Singapore or your home country.

1. No more than 3000 words (not including references) .
2. Complies with APA formatting. Proper grammar, spelling and syntax.
3. File saved as: *Student last name\_Country* and submitted via the link on Sakai. Do not email your paper to Dr. Short.
4. Within the paper the student must fully discuss:
  - Type of government. How is policy made in this country? Is this a developing or developed country?
  - System/model type (e.g., entrepreneurial, national health system, mandated insurance, social insurance or a mix)
  - Eight Factors – all 8 factors clearly discussed
  - Roemer Model
  - Discuss population health measures in this country in context: life expectancy, infant mortality, income per capita, average, education level, physicians per capita, nurses per capita, % GDP spent on health care and average per capita cost, country's DALY ranking (ex., 265 years/1000 capita), Human Development Index, primary causes of death, other appropriate indicators. Don't group all of these together...include them in a logically flowing discussion.
  - Education and regulation of healthcare professionals
5. How do the principles of the WHO Constitution apply to your chosen country?
  - Does your chosen country uphold these principles? Give an example pro or con.
  - Do citizens of your chosen country uphold these principles when dealing with other nations?
  - What changes should your chosen government make to better follow these principles?
6. Fully discuss the primary care system in the selected country.
7. How is the health system of selected country ranked? Do you agree with this ranking and why? These rankings were widely criticized (for examples see Coyne, J. S., P. Hilsenrath, and V. Navarro. 2002. "The World Health Report 2000: Can Health Care Systems Be Compared Using a Single Measure of Performance?" *Journal of Public Health* 92 (1): 30, 31, 32–33, 33–34. At <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447381/>
8. On the basis of what you have read about your country, what do you think is the most important health reform to be implemented in your country in the last five years?
9. Create a table describing the medical versus public health versus environmental health structures in the country. Address these in some detail.

10. References should be strong. ( e.g., Wikipedia is not a scholarly reference). Be fairly comprehensive and include the OECD, World Bank, WHO, United Nations and other important sources. If a map is helpful to the discussion add one to the paper and properly label and cite it. NOTE: Dr. Short does not provide editing services to students: don't ask her to "look over" your paper "to see if you're headed in the right direction". You may submit brief sections of your paper to Dr. Short with specific questions about the content. You may use the DUSON editor, Sara Hauber (sara@myresearcheditor.com) for style related questions. You may hire an editor to help you achieve high quality, standard English, clear writing: but the ideas and content must be your own original thoughts. Be sure to review the standard international rules regarding plagiarism. **Plagiarism may result in a 0 score.**

## EXAMPLE OF SCHOLARLY PAPER



### **Learning Activities: (33.3% of total grade)**

These activities are open source; however, you MUST properly cite every source you use in APA style. You may not copy and paste other authors' work from any source (including public web pages) without citing the source. If you gain information from an interview or chat with a person, you must cite the interview appropriately. These activities are designed for students to reach beyond the provided textbooks, readings and lectures to attain scholarly synthesis of the materials.

- Learning Activity #1 Epidemiologic and demographic transitions of nations: Due September 22
- Learning Activity #2 Burden of disease within a health system: Metrics Due October 6
- Learning Activity #3 Focused on *Affordable Excellence* by Haseltine: Due October 20
- Learning Activity #4 Health professions regulation: Due November 3

### **Discussion Guidelines: (33.3% of total grade) Access via *Discussion* button on Sakai**

There are six graded online discussions. You can achieve an individual participation score of 0 - 30 points per discussion week. Points are assigned according to the scholarly value of each posting to advance the discussion topic. In order to earn 30 points, you must post at least 3 times during the discussion week. For example, you might post two collaborative level comments plus two generative comment (10+10+5+5 points = 30) or you might make 6 generative postings, or you may choose to have 5 simple entries + two collaborative comments and so forth. *Students should NOT feel compelled to answer each posted question because the original questions are for stimulating discussion. There is no value in each of you posting similar answers to the same questions: a discussion builds upon itself as it develops.* Students are encouraged to lurk and participate in other groups' discussions but must cite any student whose work they wish to "bring back" to their home group. Postings made in groups other than the home group are not scored. If you are having a stressful week and don't plan to participate, let your group and Dr. Short know as soon as possible.

<b>Value of individual forum entries</b>	<b>Characterization of Individual Entries</b>
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<b>0 pt</b>		No entry, late entry after deadline, simple agreement or thanks, non-substantive. Poor grammar, spelling errors, unsupported opinion
<b>2pts</b>	<b>Simple entry</b>	Single entry, no evidence of interaction with other participants' postings in a meaningful way, mostly non-substantive
<b>5pts</b>	<b>Generative comment</b>	The response builds on the ideas of other participants and digs deeper into assignment questions or issues. New material (beyond readings) may be introduced by the participant.
<b>10pts</b>	<b>Collaborative level entry</b>	The response integrates multiple views and/or shows value as a seed for reflection by other participants' responses in its thread. Alternatively, the response contributes language, a metaphor or a study tool that serves to deepen the dialogue. Such threads moderate the discussion for all.

See examples of each score level at the end of this syllabus. **Discussions start and end on assigned Tuesdays at midnight EDT.**

<b>WEEK</b>	<b>Course Schedule and Assignments</b>	
<p><b>Week 1</b> August 26- Sept 1</p> <p><i>Introduction to Global Health and International Health Systems</i></p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li><i>World Health Systems</i> textbook, Introduction and pages 141–45</li> <li>Viergever, Roderik(2014). The mismatch between the health research and development (R&amp;D) that is needed and the R&amp;D that is undertaken: a review of the problem, the causes and solutions. <i>Global Health Action</i> 2013, 6:22450 <a href="http://www.globalhealthaction.net/index.php/gha/article/view/22450">http://www.globalhealthaction.net/index.php/gha/article/view/22450</a></li> <li>United Nations Millennium Development Goals Familiarize yourself with the 8 goals <a href="http://www.un.org/millenniumgoals/">http://www.un.org/millenniumgoals/</a></li> <li>Almeida, C., P. Braveman, M. R. Gold, C. L. Czwarcwald, J. M. Ribeiro, A. Miglionico, J. S. Millar, S. Porto, N. R. Costa, V. O. Rubio, M. Segall, B. Starfield, C. Travassos, A. Uga, J. Valente, and F. Viacava. 2001. "Methodological Concerns and Recommendations on Policy Consequences of the <i>World Health Report 2000</i>." <i>Lancet</i> 357 (9269): 1692–97. Use VPN to access this article at <a href="http://www.sciencedirect.com/science/article/pii/S014067360004825X">http://www.sciencedirect.com/science/article/pii/S014067360004825X</a></li> <li>Gates Foundation Annual Letter 2015 at <a href="http://healthreporters.info/2015/02/19/that-2015-gates-annual-letter/">http://healthreporters.info/2015/02/19/that-2015-gates-annual-letter/</a></li> </ol> <p><b>Video:</b> "200 Countries in 4 Minutes" by Hans Rosling at <a href="http://www.gapminder.org/videos/200-years-that-changed-the-world-bbc/#.U8B5FrHN6_A">http://www.gapminder.org/videos/200-years-that-changed-the-world-bbc/#.U8B5FrHN6_A</a></p> <p><b>Lecture:</b> "Introduction to Comparative International Health Systems" by Dr. Nancy Short HANDOUT</p> <p><b>Discussion:</b> (ungraded) Introduce yourselves within your assigned discussion groups. Where do you live? What are you studying? What are your objectives in taking this course? Share a bit about yourself.</p> <p><b>Optional Websites of Interest:</b> CDC Stories of global health activities <a href="http://www.cdc.gov/globalhealth/stories/">http://www.cdc.gov/globalhealth/stories/</a>,</p>	
<p><b>Week 2</b> Sept 2-8</p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li>WHO Understanding the policy, political and decision-making processes at <a href="http://www.wpro.who.int/publications/docs/hsp_mod4_1E08.pdf">http://www.wpro.who.int/publications/docs/hsp_mod4_1E08.pdf</a></li> </ol>	

<p><i>Making Public Policy: Health Policy</i></p>	<p>2) Burts, Thei ( Public Policy Making: A 21<sup>st</sup> Century Perspective accessed at <a href="http://www.beinformed.com/BeInformed/webdav-resource/binaries/pdf/publications/public-policy-making.pdf?webdav-id=/Be%20Informed%20Bibliotheek/0000%20WEBDAV/WebDAV%20StatContent.bixml">http://www.beinformed.com/BeInformed/webdav-resource/binaries/pdf/publications/public-policy-making.pdf?webdav-id=/Be%20Informed%20Bibliotheek/0000%20WEBDAV/WebDAV%20StatContent.bixml</a></p> <p>3) Four basic models of health care delivery systems in the world, excerpted from <i>The Healing of America</i> by TR Reid</p> <p><b>Lecture:</b> “Access, Quality and Cost: the three pillars of health policy” by Dr. N. Short      HANDOUT</p> <p><b>Review:</b> Kaiser Family Foundation website on Global Health policy at <a href="http://kff.org/global-health-policy/">http://kff.org/global-health-policy/</a></p> <p><b>Presentation:</b> 68<sup>th</sup> World Health General Assembly, May 7, 2015. Briefing for journalists at <a href="http://kff.org/global-health-policy/event/web-briefing-for-media-key-issues-facing-the-2015-world-health-assembly-from-ebola-to-who-reform/">http://kff.org/global-health-policy/event/web-briefing-for-media-key-issues-facing-the-2015-world-health-assembly-from-ebola-to-who-reform/</a>      <b>Download slides first</b></p> <p><b>Discussion #1:</b> Based on <i>Who lives and Who Dies</i> by Dr. Paul Farmer at <a href="http://www.nesri.org/news/2015/01/who-lives-and-who-dies-paul-farmer-on-the-inequities-of-health-care-funding">http://www.nesri.org/news/2015/01/who-lives-and-who-dies-paul-farmer-on-the-inequities-of-health-care-funding</a>      Each student will thoroughly answer <u>one</u> of these topics and all students will participate in discussing all 7 topics: 1) What is the Alma Ata Declaration and what are the main outcomes? 2) Describe and discuss Social Impact Bonds and health care systems. 3) Define GOBI in the context of a "right to healthcare" and a "basic minimal package of care". 4) Explore Charity Navigator and describe what it does. Use Partners in Health as your example. 5) What is meant by the statement, "In low-income countries, healthcare is often considered to be a downstream product of improved economic development and sanitation. Acute care is considered to be too costly to cover." 6) Why should nurses and medical students in wealthy countries study healthcare financing as a part of their curriculum? Give examples. 7) Describe the work and outcomes to date of the Lancet <a href="#">Commission on Investing in Health report</a>.</p> <p><b>Optional Websites of Interest:</b> Familiarize yourself with the information available from the OECD at <a href="http://www.oecd.org/health/health-systems/">http://www.oecd.org/health/health-systems/</a> Global Health Learning Center <a href="http://www.globalhealthlearning.org/courses">http://www.globalhealthlearning.org/courses</a></p>
<p>Week 3 Sept 9-15</p> <p><i>Organization of national health systems and primary care</i></p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li>1. <i>World Health Systems</i>, Chapter 3, “Financing and Organization of National Healthcare Systems” Chapter 23, “Republic of Korea” (example of entrepreneurial model) Chapter 28, “Germany” (example of mandated insurance model) Chapter 15, “The United Kingdom” (example of national health service model)</li> <li>2. World Health Organization. 2008. <i>The World Health Report 2008, Primary Care: Now More than Ever</i>.</li> <li>3. Integrating behavioral health and primary care. Brief from the Commonwealth Foundation at <a href="http://www.commonwealthfund.org/publications/newsletters/quality-matters/2014/august-september/in-focus">http://www.commonwealthfund.org/publications/newsletters/quality-matters/2014/august-september/in-focus</a></li> </ol> <p><b>Lecture:</b> Primary Care: Central to all Health Systems by Dr. N Short      HANDOUT</p> <p><b>Optional Websites of Interest:</b> Food security at <a href="http://www.fao.org/publications/sofi/en/">http://www.fao.org/publications/sofi/en/</a></p>
<p>Week 4 Sept 16-22</p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li>1. <i>World Health Systems</i> textbook: Chapter 2, “Defining and Measuring Health</li> </ol>

<p><i>Measuring Health System Performance</i></p>	<p>Systems”</p> <ol style="list-style-type: none"> <li>Murray, C. J. L., and J. Frenk. 2000. “A Framework for Assessing the Performance of Health Systems.” Available online at <a href="http://www.who.int/docstore/bulletin/pdf/2000/issue6/bu0542.pdf">www.who.int/docstore/bulletin/pdf/2000/issue6/bu0542.pdf</a></li> <li>World Health Organization. <i>The World Health Report 2000- Health Systems: Improving Performance</i> at <a href="http://www.who.int/whr/2000/en/">http://www.who.int/whr/2000/en/</a> See in particular the country rankings on health system performance. (<i>the annual report focuses on a different topic every year. This is the most recent report with a focus on health systems</i>)</li> <li>Coyne, J. S., P. Hilsenrath, and V. Navarro. 2002. “The World Health Report 2000: Can Health Care Systems Be Compared Using a Single Measure of Performance?” <i>Journal of Public Health</i> 92 (1): 30, 31, 32–33, 33–34. At <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447381/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447381/</a></li> </ol> <p><b>Presentations:</b></p> <ol style="list-style-type: none"> <li>Justice, Equality and Global Health by Dr. Greg Martin <a href="https://www.youtube.com/watch?v=L7fIMcnf9dE&amp;list=UUig0KhrB5NCIMvX9QrbXcwr">https://www.youtube.com/watch?v=L7fIMcnf9dE&amp;list=UUig0KhrB5NCIMvX9QrbXcwr</a></li> <li>Global Health Ethics and Human Rights (episode 1) by Dr. Greg Martin <a href="https://www.youtube.com/watch?v=2zhqhGJR49M&amp;list=PLujS9ooBebKWLZLpXpX9tLke00kHcHgUo">https://www.youtube.com/watch?v=2zhqhGJR49M&amp;list=PLujS9ooBebKWLZLpXpX9tLke00kHcHgUo</a></li> <li>and Episode 2 at <a href="https://www.youtube.com/watch?v=cDnYQiqSseg&amp;list=PLujS9ooBebKWLZLpXpX9tLke00kHcHgUo">https://www.youtube.com/watch?v=cDnYQiqSseg&amp;list=PLujS9ooBebKWLZLpXpX9tLke00kHcHgUo</a></li> <li>and Episode 3 at <a href="https://www.youtube.com/watch?v=RVCTmix4jMo&amp;list=PLujS9ooBebKWLZLpXpX9tLke00kHcHgUo">https://www.youtube.com/watch?v=RVCTmix4jMo&amp;list=PLujS9ooBebKWLZLpXpX9tLke00kHcHgUo</a></li> </ol> <p><b>Discussion #2:</b> <i>World Health Report 2000</i> at <a href="http://www.who.int/whr/2000/en/">http://www.who.int/whr/2000/en/</a> You will use this as a resource for the discussion this week.</p> <p>Each group will discuss the following:</p> <ol style="list-style-type: none"> <li>How does the study of global health systems relate to the study of global health?</li> <li>In the <i>World Health Report 2000</i>, countries were ranked on the performance of their health system. These rankings were widely criticized (for examples, see Almeida et al. 2001 and Coyne, Hilsenrath, and Navarro 2002 in the reading list above). What is the basis for this criticism? In what ways are these rankings useful—or not useful?</li> <li>Take a guess – which country do you think has the best health system in the world? Why?</li> <li>On what basis do you think we should evaluate the performance of health systems? Should we consider the income and capacity of a country when evaluating its health system? In other words, should we expect better health outcomes in wealthier countries because they are relatively resource rich?</li> </ol> <p><b>Learning Activity #1:</b> Access under “Quizzes”. Epidemiological Transitions <b>Due September 22</b></p> <p><b>Optional Websites of Interest:</b> Global Health Observatory at <a href="http://www.who.int/gho/en/">http://www.who.int/gho/en/</a>, World Health Organization. 2006. “Constitution of the World Health Organization.” Available online at <a href="http://www.who.int/governance/eb/who_constitution_en.pdf">www.who.int/governance/eb/who_constitution_en.pdf</a></p>
<p>Week 5 Sept 23-29</p> <p><i>Health System</i></p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li><i>World Health Systems</i>, Chapter 3, “Financing and Organization of National Healthcare Systems” Chapter 16, Brazil Chapter 27 Taiwan also read <a href="http://www.brookings.edu/research/opinions/2015/05/14-taiwan-national-healthcare-cheng">http://www.brookings.edu/research/opinions/2015/05/14-taiwan-national-healthcare-cheng</a></li> </ol>

<p><i>Financing</i></p>	<ol style="list-style-type: none"> <li>2. O’Grady, E. &amp; Johnson, J. (2013). Health Policy in Changing Environments, Chapter 22 in Hamric, A., Hanson, C., Way, M., &amp; O’Grady, E. (eds) (2013). <u>Advanced Practice Nursing: An Integrative Approach, 5th Edition</u>. St. Louis: Elsevier.</li> <li>3. International Social Security Association. “Methods of Financing Healthcare.” Available online at <a href="http://www.issa.int/content/download/40620/789950/file/TR-05-2.pdf">www.issa.int/content/download/40620/789950/file/TR-05-2.pdf</a>.</li> </ol> <p><b>Video:</b> United States’ health care system at <a href="https://www.youtube.com/watch?v=yN-MkRcOjY">https://www.youtube.com/watch?v=yN-MkRcOjY</a></p> <p><b>Review:</b> Familiarize yourself with the information at this resource site <a href="http://www.worldlifeexpectancy.com/top-20-causes-of-death-by-country">http://www.worldlifeexpectancy.com/top-20-causes-of-death-by-country</a></p> <p>2) Global Health Facts at <a href="http://kff.org/globaldata/">http://kff.org/globaldata/</a> Think about how can you use this site for your scholarly paper.</p> <p><b>Discussion #3:</b> Consider the role of private insurance in nations that do not have entrepreneurial health systems. What role does private insurance play in countries that have nationalized healthcare systems or mandated insurance systems? What role should it play? Is private insurance a major component of the health system? Should private insurance be allowed? What impact does private insurance have on equity of access and quality of care?</p> <p><b>Optional Websites of Interest:</b> World Fact Book at <a href="https://www.cia.gov/library/publications/the-world-factbook/fields/2193.html">https://www.cia.gov/library/publications/the-world-factbook/fields/2193.html</a>, World life expectancy <a href="http://www.worldlifeexpectancy.com/top-20-causes-of-death-by-country">http://www.worldlifeexpectancy.com/top-20-causes-of-death-by-country</a></p> <p>The Global Fund Model at <a href="https://www.youtube.com/watch?v=vWakZpUIXXk&amp;feature=em-subst_digest">https://www.youtube.com/watch?v=vWakZpUIXXk&amp;feature=em-subst_digest</a></p>
<p>Week 6 September 30- October 6</p> <p><i>Burden of Disease: Assessing Healthcare Initiatives</i></p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li>1. <i>World Health Systems</i>, Chapter 1, “The Nature and Etiology of Disease,” pages 7–11</li> <li>2. World Health Organization. “The Global Burden of Disease 2004: Part 4— Burden of Disease: DALYs.” Available online at <a href="http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part4.pdf">www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part4.pdf</a></li> <li>4. UNAIDS. “UNAIDS Report on the Global AIDS Epidemic 2010.” Available online at <a href="http://www.unaids.org/globalreport/Global_report.htm">www.unaids.org/globalreport/Global_report.htm</a></li> <li>5. Lopez, A. D. 2005. “The Evolution of the Global Burden of Disease Framework for Disease, Injury and Risk Factor Quantification: Developing the Evidence Base for National, Regional and Global Public Health Action.” Available online at <a href="http://www.globalizationandhealth.com/content/1/1/5">www.globalizationandhealth.com/content/1/1/5</a></li> <li>6. Robberstad, B. 2005. “QALYs vs DALYs vs LYs Gained: What Are the Differences, and What Difference Do They Make for Health Care Priority Setting?”</li> </ol> <p><b>Videos:</b> What are DALYs? <a href="https://www.youtube.com/watch?v=Exce4gy7aOk">https://www.youtube.com/watch?v=Exce4gy7aOk</a> What are QALYs? <a href="https://www.youtube.com/watch?v=bUay9DV_G0">https://www.youtube.com/watch?v=bUay9DV_G0</a></p> <p><b>Lecture:</b> “Public health, medical care, and environmental health systems” by Dr. Short HANDOUT</p> <p><b>Learning Activity #2:</b> Topic: double burden of disease and DALY rankings <b>Due October 6</b></p> <p><b>Optional Websites of Interest:</b> 1) Global Health Media <a href="http://globalhealthmedia.org/">http://globalhealthmedia.org/</a>, 2) The Global Burden of Disease Study 2010 is the largest study of its kind ever</p>



	<p>undertaken (7 articles) at <i>The Lancet</i> <a href="http://www.thelancet.com/themed/global-burden-of-disease">http://www.thelancet.com/themed/global-burden-of-disease</a>,</p> <p>3) NPR on New Way to Make Most Powerful Anti-Malaria Drug <a href="http://www.npr.org/blogs/health/2013/04/10/176807016/a-new-way-to-make-the-most-powerful-malaria-drug">http://www.npr.org/blogs/health/2013/04/10/176807016/a-new-way-to-make-the-most-powerful-malaria-drug</a>,</p> <p>4) Middle East Consortium on Infectious Disease Surveillance at <a href="http://www.mecidsnetwork.org/">http://www.mecidsnetwork.org/</a>,</p>
	<p><b>Duke University Fall Break</b> <b>October 7-13</b></p>
<p>Week 7 October 14-20</p> <p><i>Health Care Reform Around the World</i></p>	<p><b>Read:</b> Hazeltine, William (2013). <u><i>Affordable Excellence: The Singapore Healthcare System</i></u></p> <p><b>Video:</b> Singapore’s Health System at <a href="https://www.youtube.com/watch?v=WtuXrrEZsAg&amp;list=PLkfBg8ML-gIngk82SubTp6Og_KkYfJ6oF">https://www.youtube.com/watch?v=WtuXrrEZsAg&amp;list=PLkfBg8ML-gIngk82SubTp6Og_KkYfJ6oF</a> NOTE: the speaker uses the word “wunk”. A “wunk” is a person who is deeply interested and involved with health policy.</p> <p><b>Review:</b> Singapore’s Health System <a href="http://en.wikipedia.org/wiki/KK_Women%27s_and_Children%27s_Hospital">http://en.wikipedia.org/wiki/KK_Women%27s_and_Children%27s_Hospital</a></p> <p><b>Learning Activity #3:</b> <i>Affordable Excellence</i> topic TBA <b>Due October 20</b></p> <p><b>Review:</b> Global trends: review <a href="http://www.dni.gov/files/documents/GlobalTrends_2030.pdf">http://www.dni.gov/files/documents/GlobalTrends_2030.pdf</a> Think about which challenges require government intervention versus NGO, union, philanthropy, or big business?</p> <p><b>Optional Websites of Interest:</b></p> <ol style="list-style-type: none"> <li>1) Accountable Care Around the World in <i>Health Affairs</i> (turn on VPN) at <a href="http://content.healthaffairs.org/content/33/9/1507.abstract">http://content.healthaffairs.org/content/33/9/1507.abstract</a></li> <li>2) World’s Worst Health care Reforms at <a href="http://foreignpolicy.com/2009/07/22/the-list-the-worlds-worst-healthcare-reforms/">http://foreignpolicy.com/2009/07/22/the-list-the-worlds-worst-healthcare-reforms/</a></li> <li>3) Corruption and Global Health at <a href="http://kff.org/global-health-policy/issue-brief/corruption-and-global-health-summary-of-a-policy-roundtable/">http://kff.org/global-health-policy/issue-brief/corruption-and-global-health-summary-of-a-policy-roundtable/</a></li> </ol>
<p>Week 8 October 21-27</p> <p><i>Health Care Reform Around the World</i></p>	<p><b>Complete Reading :</b> Hazeltine, William (2013). <u><i>Affordable Excellence: The Singapore Healthcare System</i></u></p> <p>Also read <i>World Health Systems</i> textbook Chapter 29 Canada</p> <p><b>Video:</b> Canada’s Healthcare System Explained at <a href="https://www.youtube.com/watch?v=1TPr3h-UDA0">https://www.youtube.com/watch?v=1TPr3h-UDA0</a></p> <p>And England’s health care system at <a href="https://www.youtube.com/watch?v=qMNuxPByEW0">https://www.youtube.com/watch?v=qMNuxPByEW0</a></p> <p><b>Discussion #4:</b> After reading <i>Affordable Excellence</i>: List three important new things you've learned. List three things that surprised you. List three new questions you have and how you plan to go about getting answers (be creative). Attempt to find answers to your questions and provide cited sources for these answers. Describe at least one thing about Singapore’s challenges that are similar to most countries. By the end of the week, the <u>group</u> should assemble one joint list of common themes from each of the group member’s posts.</p> <p><b>Optional Websites of Interest:</b> Canadian Health Care System at <a href="http://www.canadian-healthcare.org/">http://www.canadian-healthcare.org/</a></p>
<p>Week 9 October 28-</p>	<p><b>Topics:</b> Regulating health professions, Role of United Nations, Role of WHO,</p> <p><b>Read:</b></p> <ol style="list-style-type: none"> <li>1. <i>World Health Systems</i>, Chapter 4, “Health System Regulation”</li> </ol>

<p>November 3</p> <p><i>Health system regulation</i></p>	<p>2. World Health Organization. 2007. “Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes—WHO’s Framework for Action.” Available online at <a href="http://www.who.int/healthsystems/strategy/everybodys_business.pdf">www.who.int/healthsystems/strategy/everybodys_business.pdf</a></p> <p>3. European Observatory on Health Care Systems. 2002. <i>Regulating Entrepreneurial Behavior in European Health Care Systems</i>. Philadelphia: Open University Press</p> <p><b>Lecture:</b> <i>Health Professions Regulation in the U.S.</i> by Jean Moore, Director, New York Center for Health Workforce Studies and Elizabeth Carter, Executive Director of the Virginia Board of Health Professions March 12th, 2014 at <a href="http://www.healthworkforceta.org/webinars/health-professions-regulation-in-the-u-s-what-are-the-issues/">http://www.healthworkforceta.org/webinars/health-professions-regulation-in-the-u-s-what-are-the-issues/</a></p> <p><b>Videos:</b> The French Health System at <a href="http://theincidentaleconomist.com/wordpress/healthcare-triage-france/">http://theincidentaleconomist.com/wordpress/healthcare-triage-france/</a> The German Health System at <a href="https://www.youtube.com/watch?v=NdarqEbDeV0&amp;list=UUabaQPYxxKepWUsEVQMT4Kw">https://www.youtube.com/watch?v=NdarqEbDeV0&amp;list=UUabaQPYxxKepWUsEVQMT4Kw</a></p> <p><b>Review:</b> Health Regulation World wide website at <a href="http://www.healthregulation.org/">http://www.healthregulation.org/</a></p> <p><b>Learning Activity #4 :</b> Health professions regulation internationally Due November 3</p> <p><b>Optional Websites of Interest:</b> World Health Professions Alliance at <a href="http://www.whpa.org/">http://www.whpa.org/</a> World Health Organization International at <a href="http://www.who.int/en/">http://www.who.int/en/</a>, United Nations at <a href="http://www.un.org/en/globalissues/health/">http://www.un.org/en/globalissues/health/</a>, UNICEF at <a href="http://www.unicef.org/about/">http://www.unicef.org/about/</a>,</p>
<p>Week 10 November 4-10</p> <p><i>Health Systems and Gender Equality</i></p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li>1. World Health Organization. “Women and Health: Today’s Evidence, Tomorrow’s Agenda—Executive Summary.” Available online at <a href="http://whqlibdoc.who.int/hq/2009/WHO_IER_MHI_STM.09.1_eng.pdf">http://whqlibdoc.who.int/hq/2009/WHO_IER_MHI_STM.09.1_eng.pdf</a></li> <li>2. Family Health International. “Women’s Voices, Women’s Lives: The Impact of Family Planning—Crosscutting Themes and Their Implications.” Available online at <a href="http://www.fhi360.org/en/RH/Pubs/wsp/synthesis/index.htm">www.fhi360.org/en/RH/Pubs/wsp/synthesis/index.htm</a></li> <li>3. World Health Organization. “Gender Equality Is Good for Health.” Available online at <a href="http://www.who.int/gender/about/about_gwh_20100526.pdf">www.who.int/gender/about/about_gwh_20100526.pdf</a></li> <li>4. World Gender Inequalities Report 2013. World Economic Forum publication.</li> </ol> <p><b>Discussion#5:</b> How does access to education relate to healthcare for women? Is it different for men? Why are gender roles important to understanding health status? Why do you think women are responsible for most health-related decisions globally? How do family planning and reproductive health affect overall population health status? Do developed nations such as the United States have a right to intervene with women’s issues in developing nations (e.g., discouraging the practice of female genital mutilation)?</p> <p><b>Optional Websites of Interest:</b> The World Bank at <a href="http://www.worldbank.org/">http://www.worldbank.org/</a>, World Economic Forum at <a href="http://www.weforum.org/">http://www.weforum.org/</a>, Millenium Development Goals</p>
<p>Week 11 November 11-17</p>	<p><b>Read:</b></p> <ol style="list-style-type: none"> <li>1. <i>World Health Systems</i>, Chapter 7, “Zambia”</li> <li>2. World Health Organization. “Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes—WHO’s Framework for Action.” Available online at <a href="http://www.who.int/healthsystems/strategy/everybodys_business.pdf">www.who.int/healthsystems/strategy/everybodys_business.pdf</a></li> </ol>

<p><i>Health System Strengthening</i></p>	<p>3. World Health Organization. "Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies." Available online at <a href="http://www.who.int/healthinfo/systems/monitoring/en/index.html">www.who.int/healthinfo/systems/monitoring/en/index.html</a></p> <p>4. Mawdsley, E., Savage, L. &amp; Kim, S. (2014). A 'post-aid world'? Paradigm shift in foreign aid and development cooperation at the 2011 Busan High Level Forum. <i>The Geographical Journal</i>, 180 (1), 27-38.</p> <p>5. Virtual Zambia. "The Benefits of Receiving Aid." Available online at <a href="http://www.bized.co.uk/virtual/dc/aid/theory/th1.htm">www.bized.co.uk/virtual/dc/aid/theory/th1.htm</a></p> <p>6. Virtual Zambia. "The Arguments Against Foreign Aid." Available online at <a href="http://www.bized.co.uk/virtual/dc/aid/theory/th2.htm">www.bized.co.uk/virtual/dc/aid/theory/th2.htm</a></p> <p><b>Discussion #6:</b> Read Strengthening Health Financing in Partner Developing Countries by Ravindra Ranna-Eliya. Decide which of the following questions each group member will answer: 1) What is the G8 (or since 2014, the G7)? How is the G7 involved in financial assistance to strengthen health systems in developing countries? 2) Explain the history and outcomes of PEPFAR? Discuss PEPFAR as a vertical intervention and/or support for overall health system building. 3) Discuss "adverse selection" and give several examples of this concept in relation to foreign aid to developing countries. 4) List 3 challenges to health financing. Discuss possible solutions to these challenges. 5) Review the top portion of page 56 in our textbook, <i>World Health Systems</i>: find examples of grants, loans and donations of goods and services used to finance and strengthen health care in a low-income country. 6) Explain the mission of the OECD's Development Assistance Committee. 7) Read and explain the "lessons learned" to the group: <a href="#">Why does aid effectiveness matter?</a></p> <p><b>Optional Websites of Interest:</b> Institute for Health Metrics and Evaluation at <a href="http://www.healthdata.org/">http://www.healthdata.org/</a></p> <p><b>Scholarly paper due my midnight November 18</b></p>
<p>Week 12 November 18-24</p> <p><i>Global Competition in Health care</i></p>	<p><b>Read:</b> 1. Watch the video and read the article Surf, Sand and Surgery? Inside the world of medical tourism. By CNN correspondent Morgan at Spurlock.<a href="http://www.cnn.com/2015/01/28/tv/medical-tourism-morgan-spurlock-inside-man/">http://www.cnn.com/2015/01/28/tv/medical-tourism-morgan-spurlock-inside-man/</a></p> <p>2. Medical Tourism: Global Competition in Healthcare," National Center for Policy Analysis, Policy Report No. 304, November 2007 at <a href="http://www.ncpa.org/pub/st304">http://www.ncpa.org/pub/st304</a></p> <p>3. Keckley, Paul, Underwood, Howard (2008). Medical Tourism: Consumer in Search of Value. Deloitte Center for Health Solutions.</p> <p>4. Herrick, Devon M., (2008) Medical Tourism: Have Insurance Card, Will Travel," National Center for Policy Analysis, Brief Analysis No.724, September 22. 2010. At <a href="http://www.ncpa.org/pub/ba724">http://www.ncpa.org/pub/ba724</a></p> <p>5. <i>Patients Without Borders</i> at <a href="http://www.patientsbeyondborders.com/about-patients-beyond-borders-editions">http://www.patientsbeyondborders.com/about-patients-beyond-borders-editions</a></p> <p><b>Optional Websites of Interest:</b> New Zealand Health Reform at <a href="http://www.commonwealthfund.org/Multimedia/Videos/2012/New-Zealand-Health-Reform.aspx">http://www.commonwealthfund.org/Multimedia/Videos/2012/New-Zealand-Health-Reform.aspx</a></p>

Week 13 Nov 25-Dec 2	<b>Please complete the online course and instructor evaluations (a link will be provided to you by DUSON's evaluation manager). In the aggregate, these evaluations are used for improving courses, for faculty annual reviews with the Dean, and for faculty promotions.</b>
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## DISCUSSION FORUM EXAMPLES

### Discussion assignment provided by instructor:

*An academic health center (AHC) with a large cardiovascular inpatient center states that it has adopted Computerized Physician Order Entry (CPOE) in compliance with the 100,000 Lives Campaign initiatives. In 2007, you are retained by the AHC as a consultant for the new 5 Million Lives Campaign. As one of your information gathering activities, you meet with the nurses on the cardiac care unit. They laugh and are sarcastic about the CPOE system and with probe questions you learn: 1) the CPOE software does not "talk" to the pharmacy's software resulting in a pharmacy tech reentering the orders by hand every 24 hours 2) the interns and residents often forget to plug the CPOE cart in to recharge and the battery runs down. There is talk of assigning "plugging in" to the nursing staff and 3) now that physicians interface with the CPOE system, they often spend their limited time reading data from the computer and do not go in to see, speak or assess patients except for morning rounds or when confronted by a nurse. Discuss this scenario in terms of dynamic complexity, the claim that CPOE is effective in this hospital, patient safety, workflow, core processes, the Shewart Cycle, FMEA or Magnet hospital criteria.*

### Generative answer for this assignment :

Your posting made me think about tight coupling. It looks like this system becomes "uncoupled" if the tech is only entering orders once every 24 hours. What is happening to the patient? Are they missing doses between times? Or, have we created some manual work around to get the medications up to the floor before they are in the pharmacy system? Reading into this imaginary situation, this is a very likely possibility. This plays into trade-offs - the costs of continuing to do what we do and paying for an interface. We may have "found money" to pay for the costs of interfacing the systems. A manual workaround is expensive in terms of staff and introduces chances for patients to not be billed and inventory not to be tracked (causing out-of-stocks), or vice versa, double billed or inventory relieved twice (causing over-stocks). So we may have missed revenues or extra costs far beyond the costs of the one tech keying in the orders.

### Collaborative answer for this assignment:

CPOE (Computerized Physician/Provider Order Entry System) has been shown to reduce serious prescribing errors in hospitals by more than 50%. The fact that this software does not talk to the Pharmacy's software is a big concern, especially if the Pharmacy tech has to reenter the orders by hand every 24 hours. The purpose of CPOE is to minimize human hands.

Human system is complex and variable that requires complex and variable management according to the vital signs, laboratory results, age, sex, weight, route, contraindications, interactions, and co-morbid conditions. It is very important that CPOE software should interact with pharmacy software. I would further argue that it should interact with computer assisted management program, where software also uses the clinical evidence and the costs of optional therapies. The software program also continuously updates the most current version of all the necessary decision elements (patient, medical evidence, cost, and safety consideration), and presents the information to the care providers at the time of service, so that they may make timely decisions about the most appropriate, safe, and cost effective intervention (Evans et al. 1998; Mullett et al. 2001).

Based on the above information I would argue that CPOE would be effective in this hospital for patient safety. It will also improve the workflow, as nurses do not have to carry orders to the pharmacy, which will save time and help nurses to spend more time with the patients.

It improves the core processes by improving clinical/medical process through provision of safe, effective medicine (improving conversion process) and thus leading to excellent clinical outcome (outputs).

Shewhart Cycle- CPOE helps the providers to devise the plan after the provider gathers subjective data and enters objective data (vital signs, physical exam etc.), and devise a patient plan on the data by selecting medication, implement the plan, evaluate the plan and revise the plan as needed (increase or decrease or change to new medication). This scientific method is also called professional judgment (Facione et al.2005).

FMEA- Core processes for ordering medication have become enormously complex, and the risks of errors and process failures have grown in turn. Tools such as FMEA can identify potential failures in your own ordering processes and show you which practices to test first to reduce the risk in organization.

Charging of the CPOE cart is a technical problem, and could be solved technically. Where as the argument that provider spends less time with patient and more time with system is old. Spending more time with patients without having scientific data would not improve the outcome. Spending adequate time with patients to collect subjective data should be encouraged.

To save an estimated 122,000 lives in 18 months in 100,000 Lives campaign, in 3,100 hospitals is a remarkable goal and Five Million Lives Campaign is a step forward and represents CQI and ultimately improving total quality (TQ).